SPECIAL COMBINED MEETING
Senior Health and Wellness Committee & Aging in Place Committee
Meeting Notes
November 6, 2012 9am-11:15am
(Election Day)

In Attendance: Myrna Cooperstein, Beth Shapiro, Shawn Brennan, Tammy Duell, Judith Levy, Revathi Vikram, Spencer Schron, Grace Whipple, Selma Sweetbaum, Seth Morgan (CPWD), Pazit Aviv, Michael Robbins, Michael Greenhut, Barbara Barry, Isabelle Schoenfeld, Harriet Shapiro (JCA), and Joe Petrizzo

Topic	Discussion Points	Decisions/follow-up
Welcome and Updates & Announcements	Today's meeting includes the combined committees: Health & Wellness and the Aging in Place	Motion to accept last month's minutes. Minutes accepted.
Guest Speaker: Mr. Mike Robbins Senior VP of Policy & Advocacy at the Maryland Hospital Association (MHA)	Mr. Robbins spoke on various topics regarding healthcare and how the State of Maryland is unique in all of the US because of a special waiver from the federal government. Maryland Medicare/Medicaid payments are determined by the same agency that pays for the uninsured: Health Services Cost Review Commission established in 1973. They applied for a special waiver from the federal government in 1977 re: how Maryland can save money by having an "all payer rate" for Medicare/Medicaid and the uninsured. In the rest of the country, Medicare and Medicaid payments pay less than what it costs to care for patients. Medicare and Medicaid bought into this contract – as long as rate of growth did not exceed what the rest of the country average is. For 35 years this occurred. Payments have	Very informative presentation and discussion. Mr. Robbins said that he would be happy to present again in the future.

grown 365% in the country and 350% in Maryland (a 15% difference).

Maryland system becoming out of date. Lot of pressure to have patient, if in-patient tx is not needed, treated in outpatient setting. Past two and a half years – looked at 'admissions' to hospitals; now looking at who should be on "observation status" as opposed to being "admitted."

Maryland has no public hospitals. Maryland is looking at a new way of operating.

CMS sets the rules.

Medicare/Medicaid/All insurances re-look at the medical record AFTER the patient is discharged and then they may say that the patient should have gotten treatment on an outpatient basis. "Recovery Audit Contractors" (RAC) were hired 2-3 years ago by the federal government to look at records of patients that were in the hospital for one day. The RAC can then 'recover' the money originally paid out for an in-patient stay. The RAC has recovered 1.5 to 2 billion dollars, across the country. When hospitals appeal the RAC, 75% of the cases are overturned in favor of the hospitals.

The RACs look at the "DRG's" – diagnosis related payments.

By law, hospitals must re-bill the patient before they can write off the bill – under Medicare.

Issue: too many patients discharged too soon.

20   of admissions of patients are re-admitted within 30 days (across the country). Re-admissions – larger share are coming from nursing homes.

MHA has 2 new programs:
"TPR" - total patient revenue (being piloted in 10 rural MD hosp's). –hospital gets a fixed amount – per patient – making sure that only the most necessary services are done. On discharge, there is follow up to make sure that there are continued services. Those hospitals have some extra $ to hire new nurses in physicians' offices to f/u with pts. Incentive is to make sure the right care at the right place at the right time.

"ARR" - admission, re-admission, revenue. Focuses on re-admission. Gives hospitals a bundle payment. Goal-reduce readmissions and then hosp can take money saved in reduced re-admissions and do a better job of coordinating care so patient doesn't have to come back to the hospital. There are 46 general acute care hospitals in Maryland.

Now patients are staying a little bit longer in hospitals so the patient does not get re-admitted.

Both of these programs are very new. 22   to 20   of readmissions in the past three years – still above the national status.

Observation Status vs In-Patient status

Hospitals are setting up outpatient clinics – there is a push for
~ Patients to be seen in appropriate settings

	~ Make sure patient gets best care in hospital ~Manage total population health at the lowest cost possible Health Services Cost Revenue Commission – rate setting commission ~sets rates in Maryland Hospitals ~all hospitals have their billing policies available to the public Currently, MHA is working on looking at how to educate patients on this issue – re: observation status. In State of Maryland, hospitals publish quarterly scores; MD Health Care Commission/Patient satisfaction scores. When scores increase then the reimbursement gets higher (this has been in place for 3 years). Last 3 years have seen a drop in the rate of hospital complications (i.e. Hospital acquired infections).	
Social Isolation	Discussion on transportation issues Goals are similar for both COA committees. Advocate for social interaction for older people – social interaction plays an important role for health & wellness of the person. What kinds of activities move people? Small neighborhood socializing attracts people. Rec. Dept is concerned about this. Met with Dir of Rec Dept. Looking at teaching skills to rec employees – how to get seniors to break the ice/socialize – 'certified in ice breaking'	

	Discussion to tap into community associations and leaders from religious institutions…to get isolated seniors out to rec centers. There is a need to address diversity/cultures. How to help the immigrant population feel they belong? Proposal for the budget – Both committees endorse community center/village coordinators. How to get seniors more involved in the rec centers – are we providing the right programs/activities. Look at outreach – focus on care givers. Villages are great examples and committees support the Villages in what they are doing - using schools and libraries in local areas; have intergenerational programs.	
Next Meeting	Tuesday, December 4, 2012 9:00 a.m.-10:30 a.m.	401 Hungerford Drive 7th Floor Conference Room Rockville, Maryland